

Docket No.:

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR TH							
the application of which					-		
■ is attached hereto	OR	as United States Applic	☐ was filed on				
		Number(Confirmation No	Number				
I hereby state that I have reviewed a by any amendment specifically referr		contents of the above identifi	` · •	•	ms, as amende		
I acknowledge the duty to disclos continuation-in-part application(s), n the national or PCT international filir	naterial information	which became available be					
I hereby claim foreign priority under		d) or (f), or 365(b) of any fo					
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I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USP10 Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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NAME OF SOLE OR FIRST INVENTOR:								
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Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
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Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF FIFTH INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				